

MIAMI-DADE WATER AND SEWER DEPARTMENT

Cross Connection Control Unit

Backflow Prevention Assembly Tester Information



Company Information

Name: _____

Address: _____

Phone: _____

Fax: _____

Email Address: _____

Contact Person: _____

Business/Contractor License #: _____

Backflow Assembly Test Kit Information

Serial #	Manufacturer	Model #	Date of Last Calibration

Backflow Preventer Tester Information

Name of Tester	Certificate #	Expiration Date